

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033008
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

8001

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b
2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VAH, 915 N. GRAND AVE.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN 2417 N. TAYLOR AVE. Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) ST. LOUIS, MO. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
WILLIAM H. WASHINGTON

4. DATE OF DEATH
Month Day Year
8/14/62

5. SEX
MALE

6. COLOR OR RACE
NEGRO

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3/4/87

9. AGE (last birthday)
75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ELEVATOR OPR.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

GEORGE WASHINGTON

13b. MOTHER'S MAIDEN NAME

EVELYN BALL

14. NAME OF HUSBAND OR WIFE

PERSPHAINE WASHINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES

16. SOCIAL SECURITY NO.
WA-1

17. INFORMANT Address
CHARLES WASHINGTON (BROTHER) 4243 E. COOK ST. LOUIS

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PULMONARY EMBOLUS LEFT LOWER LOBE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PULMONARY EDEMA

DUE TO (c) Arteriosclerotic heart disease 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ACUTE DUODENAL ULCER

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. attended the deceased from 8/12/62 to 8/14/62 and last saw him alive on 8/14/62
Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Hawri C. Seif M.D.

22b. ADDRESS 22c. DATE SIGNED
VAH, ST. LOUIS, MO. 8/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
8-20-1962

23c. NAME OF CEMETERY OR CREMATORY
National

23d. LOCATION (City, town, or county) (State)
Jefferson Barracks Mo.

24. FUNERAL DIRECTOR ADDRESS
JAS. H. RANDLE & SON 3133 Bell Ave.

25. DATE RECD. BY LOCAL REG.
AUG 16 1962

26. REGISTRAR'S SIGNATURE
Karl Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Esther A. Harris

Licensed Embalmer No. 4458
P. O. Address 418 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.